

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005014

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. Registrar's No. 55

VS 300  
Rev. 4/59

1 0010

2 0010

3

4 0

5 2

6

7 0

8 0

9 4222

10

11

12 90-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED FEB 25 1963

a. COUNTY Adair

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN Morrow Twp.

Length of stay in 1b  
50 yrs.

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Home--Route 2, Novinger

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).  
a. STATE Missouri b. COUNTY Adair

c. CITY OR TOWN Novinger

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (if outside, give location)  
Route 2

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Frances Leroy Hammons

4. DATE OF DEATH  
Month Day Year  
Feb. 11 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
10/9/1884

9. AGE (last birthday)  
78

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer

10b. KIND OF BUSINESS OR INDUSTRY  
General farming

11. BIRTHPLACE (City and state or country)  
Adair County, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Jackson Hammons

13b. MOTHER'S MAIDEN NAME

Rebecca Anderson

14. NAME OF HUSBAND OR WIFE

Elsie Hammons

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of  
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Gerald Blacksmith, Novinger, Mo.

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocarditis Chronic

INTERVAL BETWEEN  
ONSET AND DEATH  
4 Months

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1947 to 2-11-63 and last saw him alive on Oct. 62  
Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

RO Stuchlen MD

22b. ADDRESS

107 E. Harrison, Kirksville

22c. DATE SIGNED

2-14-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

23b. DATE

Feb. 14, 1963

23c. NAME OF CEMETERY OR CREMATORY

Green Castle Cemetery

23d. LOCATION (City, town, or county)

Green Castle, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Glenn E. Kenton, Green City, Mo.

25. DATE RECD. BY LOCAL REG.

Feb. 16, 1963

26. REGISTRAR'S SIGNATURE

Doris W. Rathoff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

AMERICAN

R. O. STICKLER, M. D.

Permitted to be used Feb 12, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Karl R. Zent

Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.